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WARWICKSHIRE COUNTY COUNCIL.

Education Committee.

ANNUAL REPORT

OF THE

Principal School Medical Officer,

FOR THE YEAR

1963.

June, 1964.

Annual Report of the Principal School Medical Officer, 1963.

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TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the report on the health of the schoolchild in Warwickshire during 1963.

During the year the school population reached the 100,000 level, nearly double the figure of some fifteen years ago (56,770). There appears to be every indication that the country's school population will continue to rise for some time, and a recent Ministry of Health report stated that "women are marrying at an earlier age and bearing children earlier. Revised projections assume a slight increase in family size and so, by 1975, a continuous increase in the proportion of the population aged up to 14."

Routine and special examinations continued to be carried out in the schools, and it was again encouraging to note the high proportion of those found to be in a satisfactory physical condition. Defects noted at periodic examinations were similar to previous years and are shown in detail in table four.

Although no case of poliomyelitis occurred in a Warwickshire schoolchild during the year, one case did occur in a sixteen year old boy who had refused vaccination. The majority of contacts had already been vaccinated, but mass vaccination with Sabin vaccine was carried out, and no further cases resulted. The primary vaccination level in schoolchildren is between 80 and 90%, and the majority have also received reinforcing injections.

Only four new cases of pulmonary tuberculosis were notified in children of school-age. This was a considerable decrease on the 1962 figure of thirteen.

The ascertainment and educational training of the handicapped child continues to be a most important part of the School Medical Service, and this aspect of the service is emphasised in the report this year.

Handicapped Pupils.

A special table showing handicaps that have been ascertained in periods of five years since 1949 has been included. It will be seen that, apart from slight increases and decreases in certain handicaps, the number of children found to require special education has remained remarkably constant. The exception to this is the fall in the number of physically handicapped after the first five years, which was due to successful immunisation against poliomyelitis. The increase in the number of deaf and partially deaf children is due to wider ascertainment.

During the past fifteen years very considerable progress has been made in the County in providing for handicapped children. Premises purchased to house special schools have been modernised to a very high standard, and in 1964 a climax in this development will be reached by the almost complete rebuilding of the largest special school (Exhall Grange).

Except for educationally subnormal pupils who form groups sufficiently large for them to be dealt with on a day school basis, most of the handicapped pupils have to attend residential schools and valuable experience has been gained in methods of handling this class of child. Since Exhall Grange was first used for this purpose, it has accommodated and educated 418 pupils—295 of them partially-sighted and 123 physically handicapped. The staff have attempted to maintain contact with as many ex-pupils as possible, and of the 418 referred to above 323 are satisfactorily employed. This does not mean that the remainder are not employed, although it is thought that a fair proportion of them do not have regular work. An unfortunate problem for some of these children is that, after leaving Exhall, they require further technical training which, although provided for the blind is not available, to the same extent, for the partially-sighted. Separate provision is necessary for this group because the variation in their degree of handicap influences their future employment.

Over ninety local authorities are represented in the children attending this school and the responsibility for training and employment does fall to a considerable extent on those authorities. Nevertheless, in trying to assess the impact made by the school on a select group

of the child population and how these children are able to become self-supporting members of the community, it is essential that the contact maintained with them and with the local authorities from which they come should be as complete as possible.

Deaf and Partially Deaf Children.

In the last two years it has been possible to form the nucleus of a team to deal more adequately with this group of children. A whole-time and a part-time peripatetic teacher and a part-time audiometrician are now employed by the County, and this has made it possible to assess the problem more completely in certain areas of the County.

One group of children are born either deaf or partially deaf, the damage being caused pre-natally; the other group consists of those whose hearing has been damaged by infection after birth. Health visitors have been trained to detect hearing loss as early as possible, both in its mild and severe forms; there are few children who are altogether devoid of hearing. Thus with the use of modern aids fitted early in life, together with specialist training by peripatetic teachers, these children can be taught to acquire language—some of them to the extent that they can manage with their hearing aids in an ordinary school. Others need almost individual teaching and therefore have to be educated in special schools. Formerly this group of children would have been both completely deaf and dumb, most of their educational life being taken up in an attempt to acquire language.

Children whose hearing loss is less severe require both training and hearing aids, since they may have difficulty in appreciating consonant sounds and therefore frequently develop severe speech abnormalities. Again, if they are detected early and given appropriate aids and training, speech defects can be avoided.

In the last twenty years, with the tremendous advance of paediatrics and preventive medicine, the post-natal infections have been greatly reduced. Formerly they were very young children suffering from the after-effects of scarlet fever, measles and other infections who became deaf as a result of persistent middle-ear infection. Now most of the children are in an older age-group and have started school. The peripatetic teacher has been surveying children in schools and has found a considerable number with varying degrees of deafness. It is suggested that these children should be carefully observed, making sure that the parents are keeping them under medical treatment until the best possible result has been obtained. Only a very small proportion of them will require hearing aids, and still fewer will need special education. They do, however, need the full co-operation of teachers, since most of them call for more patience and more individual attention than the average child.

It should be understood that of all the handicaps which interfere with the training and education of a child (except blindness), hearing loss is one of the most important. It is very difficult for a child with a hearing defect to attain to the educational standard of which his innate intelligence would make him capable were he without this handicap.

Child Guidance Service.

This paragraph was prepared with Dr. P. J. CROWLEY, Consultant Child Psychiatrist.

The Mental Health and Psychological service for children in Warwickshire has a centre in Warwick with outposts in the County for children and parents who cannot attend the central clinic. Many of the children, especially in the younger age group, are initially referred to the Paediatrician. There is, therefore, a need for close integration with the hospitals, outpatients clinics and inpatient facilities. The Children's Recovery Hospital at Stratford forms an important link in this service and the Adolescent Unit at the Central Hospital is available for the acute problems sometimes seen in the adolescent girl. This close association with the adult psychiatric service and hospitals is so important because mental ill health of the parent is reflected in the emotional disturbance of the children, and psychiatric treatment of the parent may be the first step in reaching the problem.

We should use the term "Family Psychiatry" rather than "Child Psychiatry" or "Child Guidance" because the child is part of the family and seldom can be considered or treated apart from the family situation. This, however, is not true for adolescents. The essence of child psychiatry practice is to begin treatment at the earliest point before irrevocable changes take place. This is particularly true of delinquency. Psychiatric treatment in the Child

Guidance Clinic is often useless in dealing with the twelve year old whose pattern of antisocial behaviour has become set, but it could have been effective a few years earlier in preventing this situation by removing some of the causes of maladjustment.

Cases are referred through three main channels :—

The Schools.—The experienced teacher is often the first to notice some disturbance or abnormality in the child at school. This is particularly so in the infant school, but sudden changes, falling off in performance, reluctance to attend school, asocial behaviour may be referred by the teacher through the Educational Psychologist, or the School Medical Officer. The Child Guidance Clinic is not concerned with problems of children of low intelligence unless these children are suffering from other complications.

The Family Doctor is often aware of problems within the family or in the child before attending school. Many children have physical symptoms as well as psychological ones, and may have been seen by the Consultant Specialist in Hospital.

The Juvenile Courts or the Probation Officers refer certain children who appear to be suffering from some psychological difficulties. Children's Officers and other social workers sometimes refer problem children.

Speech Therapy.

This year the number of Speech Therapists dropped to a full-time equivalent of 4.6 as against 5.4 last year (establishment 6.6). Most of the County continued to be served, although in some parts only a minimal service was possible. In order to treat as many children as possible more clinic sessions were held centrally rather than travelling around outlying areas. In general parents were most co-operative and were prepared to travel some distance to the nearest clinic.

During the year there was an increase in the number of cases referred because of delayed language development. It is not always realised that language difficulties come within the scope of the speech therapists' work. Delayed language development is diagnosed generally when a child has reached the age of about three years without saying more than an occasional isolated word. Hearing loss is always excluded as a first step, and enquiries made as to early speech development ; whether the child babbled and crowed normally and at what age such oral activity ceased—if it had ceased. Some children, and this applies often to only children, do not find it necessary to speak. If their every need is anticipated or if they are able to secure what they need by gesture, then language becomes superfluous. Such a condition is easily rectified by pointing out to the parents that desired objects must be requested by some sort of vocal utterance.

In some homes there is very little language activity, and as language arises from imitation this explains a small number of language retardation cases. Although television has often been cited as a bad influence on children in this era, it is thought that some children deprived of language may acquire considerable stimulus in this way. These language difficulties, which one might describe as environmental, are also helped by attendance at nursery school or at a small group for speech stimulus run by some of the Speech Therapists.

In the realms of the pathological language retardation, the term " development aphasia " is used. This implies some degree of brain damage which may be congenital, due to birth injury or to head injury. The usual pattern of language development is that the child is very late beginning to speak but gradually acquires a vocabulary. At the age of five years, the language may only contain nouns, verbs and a few adjectives. Prepositions, pronouns and the other parts of speech may appear very much later, and invariably the child will have considerable difficulty with school work, particularly with composition and descriptive work. Although this condition is comparatively rare, most of the Speech Therapists have at least one or two cases who appear to come into this category and who pose considerable treatment problems. Ideally, daily treatment would be indicated and certainly treatment is necessary twice a week though this is rarely possible to arrange. Where possible parents are instructed in how to help their child, but, even so, these cases tend to be long term and may well attend the speech clinic for some years.

The Speech Therapy staff are particularly indebted to the Educational Psychologists for their help and interest in these cases. Intelligence testing is a considerable aid to the diagnosis

of aphasia in that there is usually a marked discrepancy in result between a verbal and performance scale, and the test items often pin-point the direction in which most help is needed. It is hoped that when the staffing position improves, it will be possible to do more intensive work with these interesting and deserving cases.

The following report was supplied by the Principal School Dental Officer.

The staffing improvement reported last year has continued, and during the second half of the year three whole-time dental officers and a whole-time dental auxiliary commenced duty, against the loss of two whole-time officers, (one by death and one by retirement). Another whole-time officer commenced duty on the 1st January, 1964. The number of part-time dental officers has also shown an appreciable increase. This, together with an increased number of child patients being treated by General Practitioners in the National Health Service, is showing a marked change in the pattern of the School Dental Service. The number of children inspected in schools by our Dental Officers increased nearly fifty per cent over the previous year; even so, less than one third of the children on the school rolls were inspected at school during the year. In most areas we have a long way to go to reach the minimum target of an annual inspection for every child attending school.

Of the 30,848 children inspected at school, 15,253 were offered treatment and 7,291 were treated in the clinics. An additional 6,321 children were treated as special cases. Altogether nearly 36,000 attendances for treatment were made, and for every permanent tooth extracted, five were filled. This represents an improvement on last year, but is still a long way from being satisfactory. It is still necessary to extract a considerable number of sound permanent teeth to relieve overcrowding. In a few cases this is caused by the inadequate development of the jaws, but a much more common cause is because the deciduous teeth have got into such a bad state making extraction necessary years before the time of natural shedding. Subsequently much of the space required for the developing permanent teeth is lost, and overcrowding results.

There are still far too many parents who believe that the early loss of deciduous teeth do not matter, whereas the fact is that a sound deciduous dentition being exfoliated naturally is essential if a properly shaped mouth and sound permanent teeth are to be developed. Much would be done to assist this process if an adequate amount of fluoride was present in our water supply. We in naturally deficient fluoride areas envy the good teeth of those who live in areas of sufficient natural fluoride in the water supply, and hope that continued efforts will assist the public to appreciate the ease and safety of the proposals to correct artificially the natural deficiencies of this valuable element in our drinking water. This does not in any way absolve all who have the care of young children and adolescents from the duty of educating them in the damaging effects of too much sweet eating, particularly those taken between main meals. This habit maintains a state of harmful acidity in the mouth for many hours at a time. Little and often is the most damaging way of consuming sweets. If they must be consumed, let this be done at meal times and the mouth cleaned afterwards by brushing and rinsing. Most important of all is to see that children go to bed with clean mouths, so that the acid action does not have several hours of undisturbed activity during the night's sleep.

The Council has pursued its policy of providing new clinics in areas where a need is shown, and of bringing the equipment provided in older clinics up to the very high standard of that provided in the new premises.

Health Education in Schools.

Health education is indeed a desirable part of education in schools, but it is incorrect to assume that because it is not named as a subject in the curriculum, it is not being taught in one form or another.

Prior to 1940, health education in schools was given under the general title of 'Hygiene,' and in a small number of schools this practice has been maintained. In the majority of schools, however, endeavours are made to give health education by integrating it with other subjects e.g., biology (anatomy and physiology, hygiene etc.); chemistry (water supply, air pollution, poisons and safety etc.); physics (electricity and safety, heating etc.); history (history of public health and hygiene etc.); geography (world health, endemic disease as a factor of national economy); current affairs (day to day problems and advances in medicine etc.).

The recent appointment of a Health Education Officer, who is himself a qualified teacher, should help considerably. Already, in the past three months, he has held thirty consultations with head teachers, given five lectures to school staffs and addressed a local branch of the National Association of Head Teachers. The Health Education Officer is engaged upon a survey of health teaching in schools throughout the County so that a proper assessment may be made of the problems involved, and in establishing a central library of visual aids to health education from which schools will be able to borrow the specialized materials.

The Education Committee is also taking steps to organise courses for teachers in sex education in the coming school year, within the broad contexts of both health education and social and moral training.

Deaths of Schoolehildren.

Thirty-two children of school-age died during the year, twenty boys and twelve girls. Over a third of these deaths were due to accidents, mainly motor vehicle accidents or drowning. Two further groups stand out in the table given below, malignant disease (including leukaemia) with five cases, and congenital malformations with three cases. With regard to the latter, one aspect of the lower infant mortality rates in recent years has been the greater probability of congenitally malformed children surviving birth. In some of these cases death occurs in later age groups, but in other cases improved treatment techniques (e.g. heart surgery) have made it possible for many children to live normal lives.

	1963			1962			1961	
Motor vehicle accidents ...	7	} 12	...	6	} 8	...	4	} 11
Other accidents ...	5		...	2		...	7	
Malignant disease ...	2	} 5	...	2	} 2	...	4	} 7
Leukaemia and aleukaemia...	3		...	—		...	3	
Congenital malformations ...	3	...	...	5	...	...	—
Bronchitis and pneumonia ...	3	...	...	1	...	...	2	
Other respiratory diseases ...	—	...	...	1	...	...	—
Measles ...	1	...	...	—	...	...	—
Other Infective and parasitic diseases	1	...	...	—	...	...	2	
Gastro-enteritis ...	—	...	...	—	...	...	1	
Vascular lesions of nervous system	1	...	...	1	...	...	—
Homicide ...	—	...	...	1	...	...	1	
Other defined and ill-defined diseases	6	...	...	6	...	...	6	
	32	...	...	25	...	...	30	

S. W. SAVAGE, M.D., D.P.H.
Principal School Medical Officer.

Shire Hall,
Warwick.

STAFF OF THE SCHOOL HEALTH SERVICE

(At 31st March, 1964).

Principal School Medical Officer Dr. S. W. SAVAGE.		
Deputy Principal School Medical Officer Dr. G. H. TAYLOR.		
	<i>Medical Officer.</i>	<i>School Medical Officers.</i>
*Sutton Coldfield M.B.	Dr. J. R. PRESTON.	Dr. N. J. B. EVANS.§ Dr. J. P. WALL.‡ Dr. M. C. T. WILKES.
*Solihull M.B.	Dr. I. M. McLACHLAN.	Dr. J. E. PEARSON. Dr. P. J. H. CHEONG. Dr. ELIZABETH M. THOMPSON.
*Nuneaton M.B.	Dr. G. DISON.	Dr. N. S. TURNBULL. Dr. GWENDOLEN K. G. COOTE.
Atherstone/Bedworth Area.	Dr. E. M. HUGHES.	Dr. A. L. J. CUSACK. 1 VACANCY
Eastern Area.	Dr. D. J. JONES.	Dr. C. M. D. EDMONDS. Dr. A. H. HALSTEAD. Dr. H. M. RICHARDS.†
North-Western Area.	Dr. R. S. McELROY.	Dr. S. H. BROCK.‡ Dr. G. C. B. HAWES. Dr. J. G. M. MORTIMER.†§ Dr. ELEANOR A. THOMPSON.
Central Area.	Dr. F. D. M. LIVINGSTONE.	Dr. MYRTLE V. RICHARDS. Dr. M. H. J. MARTIN. Dr. JACQUELINE R. P. WHITE. Dr. D. SUTCLIFFE WILLIAMS.
Southern Area.	Dr. J. B. BRAMWELL.	Dr. J. P. HEWSON. Dr. A. L. KIRKLAND.

* Borough Councils with delegated powers for health and 'excepted' districts for education.

† Not entirely based in the area.

‡ Attending D.P.H. course.

§ D.P.H. Relief.

Principal School Dental Officer.

Mr. H. J. BASTOW.

School Dental Officers.

Sutton Coldfield M.B.	...	...	...	Mr. N. G. EVANS.
Solihull M.B.	...	...	...	{ Miss M. M. STOCKER. Miss B. D. BEAVON.
Nuneaton M.B.	...	...	...	Miss E. B. NASMYTH.
Atherstone/Bedworth Area	...	...	...	Mr. H. T. MOULD.
Eastern Area	...	...	...	Mrs. J. READE.
North-Western Area	...	...	...	{ Mr. W. DOUGLAS. Miss W. T. GUNN.
Central Area	...	...	...	Mr. R. A. LEWTY.
Southern Area	...	...	...	Miss E. I. DOBBIE.

There are in addition a number of part-time dental officers.

Dental Auxiliary.

North-Western Area	Miss M. C. SUPPLE.
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Nursing Staff.

Superintendent Nursing Officer.

Miss V. E. BEESTON.

Deputy Superintendent Nursing Officer.

Miss M. J. HEDGES.

There are 3 Borough Nursing Officers and 5 Area Nursing Officers. School Nursing is carried out by 3 whole-time school nurse, 97 health visitors, and 14 district nurse/midwife/health visitors who combine school nursing with other duties.

Senior Speech Therapist.

Mrs. J. BECKETT.

Speech Therapists.

Mrs. P. A. COLE.

Mrs. G. ERREY.

Mrs. R. W. JENKINS,

Mrs. J. N. P. KING-REYNOLDS,

Mrs. M. P. MANLEY,

Mrs. K. M. SENIOR,

Mrs. N. M. SMITS,

} Part-time.

Physiotherapists.

Miss B. A. BAILEY.

Mrs. B. KINNIARD.

Mrs. E. G. MASON.

Mrs. C. M. WILLIAMS, Part-time (2 sessions weekly).

Statistical Officer.

Mrs. B. WARREN.

Health Education Officer.

T. T. PAYNE.

TABLE 1. NUMBER OF SCHOOL CHILDREN ON ROLL AT JANUARY EACH YEAR.

<i>Year.</i>		<i>Nursery.</i>		<i>Primary and Secondary.</i>		<i>Special.</i>		<i>Total.</i>
1952	...	361	...	65,753	...	508	...	66,622
1953	...	359	...	69,211	...	547	...	70,117
1954	...	365	...	72,094	...	592	...	73,051
1955	...	348	...	75,509	...	602	...	76,459
1956	...	353	...	78,827	...	615	...	79,795
1957	...	362	...	81,825	...	750	...	82,937
1958	...	367	...	84,684	...	780	...	85,831
1959	...	352	...	87,952	...	801	...	89,105
1960	...	346	...	90,526	...	811	...	91,683
1961	...	345	...	93,492	...	828	...	94,665
1962	...	343	...	95,660	...	820	...	96,823
1963	...	348	...	97,324	...	884	...	98,556

TABLE 2. NUMBER OF SCHOOLS AND NUMBER OF SCHOOL CHILDREN ON ROLL AT JANUARY, 1963.

	<i>Nursery Schools.</i>		<i>Primary.</i>		<i>Secondary.</i>		<i>Total Schools.</i>	<i>Total Children.</i>
	<i>Schools.</i>	<i>Children.</i>	<i>Schools.</i>	<i>Children.</i>	<i>Schools.</i>	<i>Children.</i>		
Sutton Coldfield M.B. ...	—	—	21	6,615	8	4,677	29	11,292
Solihull M.B. ...	—	—	35	8,339	10	5,717	45	14,056
Nuneaton M.B. ...	2	80	24	5,189	9	4,102	35	9,371
Atherstone/Bedworth Area	3	139	34	6,810	7	4,719	44	11,668
Eastern Area ...	—	—	45	7,007	14	4,846	59	11,853
North-Western Area ...	—	—	47	8,238	11	4,011	58	12,249
Central Area ...	3	129	71	10,968	12	6,230	86	17,327
Southern Area ...	—	—	63	5,784	10	4,072	73	9,856
TOTAL ...	8	348	340	58,950	81	38,374	429	97,672

**TABLE 3. NUMBER OF INDIVIDUAL CHILDREN FOUND TO
REQUIRE TREATMENT (excluding Special Schools) AT PERIODIC
MEDICAL EXAMINATIONS.**

<i>Age group.</i>	<i>Number examined.</i>	<i>Number children found to require treatment.</i>		
		<i>For defective vision (exc. squint)</i>	<i>Other * conditions.</i>	<i>Total.</i>
Entrants	9,319	191	441	587
Second age group	6,606	340	189	507
Third age group	6,666	307	127	410
8 Year vision	6,109	380	6	386
TOTAL	28,700	1,218	763	1,890

* Does not include dental diseases and infestations with vermin.

**TABLE 4. TYPE OF DEFECT FOUND AT SCHOOL
MEDICAL EXAMINATIONS. (excluding Special Schools).**

<i>Defect</i>	<i>Periodic Medical Examinations. Number 28,700.</i>		<i>Special Medical Examinations. Number 4,541.</i>	
	<i>Defects requiring treatment.</i>	<i>Defects requiring observation.</i>	<i>Defects requiring treatment.</i>	<i>Defects requiring observation.</i>
Eyes	1,279	3,841	238	478
Orthopaedic	222	1,910	54	306
Nose and Throat	107	2,137	42	303
Skin	78	532	23	94
Ears	62	855	27	109
Lungs	24	580	13	86
Speech	49	251	13	30
Developmental	42	608	7	104
Lymphatic Glands	8	283	—	37
Psychological	48	615	24	109
Nervous System	6	175	2	32
Heart	29	218	5	40
Abdomen	14	200	3	45
Other	43	430	16	134
TOTALS	2,011	12,635	467	1,907

TABLE 5.

OPHTHALMIC SERVICES.
OPHTHALMIC PART-TIME STAFF AND ATTENDANCES AT EYE CLINICS.

	OPHTHALMIC PART-TIME STAFF	No. of sessions.		CLINIC.	WHEN HELD.	No. of individual children seen during 1963.		Total attendances made by these children.	No. prescribed spectacles in 1963.		No. referred for Orthoptic Treatment.	Total cases on Register. 31/12/63
		1963	1962			New cases.	Other.		New cases.	Other.		
SUTTON COLDFIELD M.B.	Dr. E. J. McCABE ... Dr. C. LONGMORE ...	44 40	35 42	9, Holland Street, Sutton Coldfield	Tuesday p.m. Wednesday a.m.	258	406	723	122	173	—	914
SOLIHULL M.B.	Dr. H. RILEY ...	86	87	Homer Road Clinic, Solihull ... Halifax Road Clinic, Shirley ...	Monday a.m., Friday a.m. (as requested) Monday a.m., Friday a.m. (as requested)	193	453	865	52	149	10	535
						125	260	564	46	98	7	340
NUNEATON M.B.	Mr. F. H. BUDDEN ... Mrs. M. C. HANDSCOMBE	26 63	38 —	Riversley Park Clinic, Nuneaton	TOTAL Saturday a.m. Wednesday a.m., Friday a.m.	318	713	1,429	98	247	17	875
						286	657	1,004	163	369	91	749
ATHERSTONE/ BEDWORTH AREA.	Dr. M. KEMP ... Mrs. M. C. HANDSCOMBE	8 13	33 —	Health Clinic, Atherstone... Health Clinic, Bedworth ... Nurses Home, Polesworth ...	Friday p.m. (monthly) Monday a.m. Friday p.m. (monthly)	4 10 4	41 118 23	45 128 27	1 5 2	20 63 9	2 6 2	93 182 45
					TOTAL	18	182	200	8	92	10	320
EASTERN AREA.	Dr. H. RILEY ... Mr. T. J. P. KERWICK	64 46	55 44	First Aid Post, Rugby ...	Wednesday a.m. (1st, 2nd, 3rd & 5th in month) Wednesday p.m. (1st & 3rd in month) Friday a.m.	171	804	975	79	207	22	1,085
NORTH-WESTERN AREA.	Dr. H. RILEY ... Dr. C. LONGMORE ...	107 43	106 41	Miner's Welfare Hall, Arley ... Area Health Office, Coleshill ... Balsall Street Institute, Balsall Common Village Hall, Meriden Parish Hall, Wilnecote	Last Tuesday a.m. (monthly) Tuesday p.m., Thursday a.m. Last Wednesday a.m. (alternate months) Tuesday p.m.	12 186 11 75	28 305 34 205	45 621 50 304	2 34 3 50	6 75 9 108	— — — —	36 378 39 275
					TOTAL	284	572	1,020	89	198	—	728
CENTRAL AREA.	Mr. M. W. SMITH ...	129	136	4, Holly Walk, Leamington Spa Health Clinic, Lillington ... Cape Road Clinic, Warwick ... Health Centre, Kenilworth ...	Monday a.m. (1st, 2nd & 3rd in month), Tuesday p.m. (2nd & 4th in month) Thursday a.m. (2nd & 4th in month) Thursday a.m. (1st & 3rd in month) Monday a.m. (4th in month)...	180 54 85 45	407 116 168 79	702 197 278 138	138 45 62 37	244 54 92 30	75 24 30 18	860 244 302 152
					TOTAL	364	770	1,315	282	420	147	1,558
SOUTHERN AREA.	Mr. F. H. BUDDEN ... Mr. M. W. SMITH ...	39 47	13 48	Health Clinic, Stratford-upon- Avon	Tuesdays p.m. Friday a.m.	211	574	822	149	310	110	706
		755			GRAND TOTAL	1,910	4,678	7,488	990	2,016	397	6,935
			678		1962 TOTAL	1,698	3,991	6,350	970	1,779	289	7,019

TABLE 6.

ORTHOPTIC TREATMENT IN THE CENTRAL AND SOUTHERN AREAS.

	Number of children seen during 1963.	Total attendances made by these children.	Degree of cure on discharge.		No. ceasing to attend or unsuitable.	No. still on treatment 31st Dec., 1963.
			Full binocular vision	Partial binocular vision or cosmetic improvement.		
Cases carried over from 1962 ...	188	713	80	21	14	73
Cases referred in 1963 ...	316	1006	98	38	36	144
TOTAL ...	504	1,719	178	59	50	217

ORTHOPAEDIC SERVICE.
AFTER CARE CLINICS.

	Clinic.	When held.	Physiotherapists.
SUTTON COLDFIELD M.B.	49, Holland Street.	Tuesday p.m. Thursday p.m.	Mrs. C. M. WILLIAMS.
SOLIHULL M.B. ...	Red Cross House, Blossomfield Road.	Tuesday p.m. Thursday a.m.	Miss B. A. BAILEY.
NUNEATON M.B. ...	Riversley Park Clinic.	Monday a.m. Tuesday p.m. Friday p.m.	Sisters from Coleshill Orthopaedic Hospital.
ATHERSTONE/BEDWORTH AREA.	Atherstone Health Clinic.	Tuesday p.m.	Sisters from Coleshill Orthopaedic Hospital.
CENTRAL AREA. ...	Kenilworth Health Clinic. 4, Holly Walk, Leamington Spa. Southam Child Welfare Clinic. Warwick Health Clinic, Cape Road, Warwick.	Monday p.m. Tuesday a.m. Wednesday a.m. (1st & 3rd) Friday a.m.	} Mrs. E. G. MASON.
SOUTHERN AREA.	Stratford Health Clinic.	Thursday a.m.	
			Sisters from Coleshill Orthopaedic Hospital.

ORTHOPAEDIC SERVICE.

HOSPITAL CLINICS.

	<i>Address of Clinic.</i>	<i>When held.</i>	<i>Surgeon.</i>	<i>Physiotherapists.</i>
SUTTON COLDFIELD M.B.	Sutton Coldfield Hospital.	Friday a.m. (except 5th Friday in month.)	Mr. W. H. SCRASE.	R.H.B.
SOLIHULL M.B.	Solihull Hospital. Red Cross House, Blossomfield Road, Solihull. Tudor Grange School Clinic.	Wednesday, p.m. Thursday, p.m. (monthly) By arrangement.	Mr. W. H. SCRASE. Mr. H. PIGGOTT.	R.H.B. Miss B. A. BAILEY.
NUNEATON M.B.	Riversley Park Clinic, Nuneaton. Manor Hospital, Nuneaton.	Friday, p.m. (last in month). Tuesday and Thursday, p.m.	Mr. J. H. PENROSE. Mr. T. SERGEANT.	Sisters from Coleshill Orthopaedic Hospital. R.H.B.
ATHERSTONE/ BEDWORTH AREA.	Exhall Grange School Clinic.	By arrangement.	Mr. J. H. PENROSE.	Mrs. B. KINNAIRD.
EASTERN AREA.	Hospital of St. Cross, Rugby.	Monday a.m. Thursday, a.m.	Mr. I. K. SHARP.	R.H.B.
NORTH-WESTERN AREA.	Orthopaedic Hospital, Coleshill. College Lane School Rooms, Tamworth.	Monday (once every 3 months). Tuesday, a.m. (last in month).	Mr. F. G. ALLAN. Mr. A. INNES.	Sisters from Coleshill Orthopaedic Hospital. " "
CENTRAL AREA.	Health Clinic, Crown Way, Lillington, Leamington Spa. Health Clinic, Cape Road, Warwick.	Monday, a.m. (except 5th Monday in month). Friday a.m. (except 5th Friday in month).	Mr. E. J. GALLAGHER.	Mrs. E. G. MASON.
SOUTHERN AREA.	The Hospital, Stratford-upon- Avon.	Thursday, a.m. (1st and 3rd in month). Friday, a.m. (2nd and 4th in month).	Mr. F. G. ALLAN. Mr. E. J. GALLAGHER.	Sisters from Coleshill Orthopaedic Hospital.
BIRMINGHAM.	Royal Orthopaedic Hospital, 80, Broad Street, Birmingham.	Daily.	Various.	R.H.B.
COVENTRY.	Coventry and Warwickshire Hospital, Stoney Stanton Road.	Monday, p.m. Thursday, p.m.	Mr. J. H. PENROSE. Mr. A. J. WATSON.	R.H.B.
REDDITCH.	Smallwood Hospital, Redditch.	Monday, p.m. (2nd in month).	Mr. J. A. JAMES,	R.H.B.

All surgeons are employed by the Regional Hospital Board.

**SPEECH THERAPY.
CLINICS.**

	<i>Clinic.</i>	<i>Address.</i>	<i>When held.</i>
SUTTON COLDFIELD M.B.	Sutton Coldfield Falcon Lodge Mere Green	49, Holland Street Health Clinic Health Clinic	Wednesday 9 a.m.—12 noon. Tuesday 9 a.m.—12 noon. Tuesday 1-30 p.m.—4-30 p.m. Wednesday 1-30 p.m.—4-30 p.m.
SOLIHULL M.B.	Dorridge	Dorridge Junior and Infant School.	Tuesday 1-30 p.m.—4-30 p.m.
	Olton	Chapel Fields Infant School	Wednesday 1-30 p.m.—4-30 p.m.
	Shirley	Health Clinic, Halifax Road	Thursday 9-30 a.m.—12-30 p.m. 1-30 p.m.—4-30 p.m.
	Solihull	Health Clinic, Homer Road	Tuesday 9-30 a.m.—12-30 p.m. Friday 9-30 a.m.—12-30 p.m.
	Packwood	Special School	Thursday 9-30 a.m.—12 noon.
	Tudor Grange	Special School	Monday 9-30 a.m.—12 noon. 1-30 p.m.—4 p.m. Wednesday 9-30 a.m.—12 noon.
NUNEATON M.B.	Nuneaton	Riversley Park Clinic	Wednesday 9-30 a.m.—12-30 p.m. 1-30 p.m.—4-30 p.m.
		Red Deeps Special School	Thursday { 9-30 a.m.—12-30 p.m. 1-30 p.m.—4-30 p.m.
			Tuesday 9-30 a.m.—12-30 p.m.
			Thursday 9-30 a.m.—12-30 p.m.
ATHERSTONE & BEDWORTH AREA	Atherstone Bedworth	Health Clinic	Thursday 1-30 p.m.—4-30 p.m.
		Health Clinic	Wednesday 9-30 a.m.—12-30 p.m. 1-30 p.m.—4-30 p.m.
		Wheelwright Lane J. School	Monday 1-30 p.m.—4-30 p.m.
		Keresley Newlands School	Monday 9-30 a.m.—12-30 p.m.
		Exhall Grange Special School	Tuesday 9-45 a.m.—12-45 p.m. 1-45 p.m.—4-45 p.m.
			Wednesday 9-45 a.m.—12-45 p.m. 1-45 p.m.—4-45 p.m.
			Friday 9-45 a.m.—12-45 p.m.
EASTERN AREA	Rugby	F.A.P., Temple Street	Tuesday 9-30 a.m.—12 noon.
	Bilton	Health Clinic Tyntesfield Special School	Friday 9-30 a.m.—12-30 p.m.
			Friday 1-45 p.m.—4-45 p.m.
			Thursday 9-30 a.m.—12-30 p.m.
NORTH-WESTERN AREA	Coleshill	Health Clinic	Thursday 1-30 p.m.—4-30 p.m.
	Kingshurst Eastern Green	Health Clinic	Tuesday 9-30 a.m.—12-30 p.m.
		Church Hall	Tuesday 1-30 p.m.—4-30 p.m. (alt. weeks).
	Wilnecote Meriden	Schools	Tuesday 1-30 a.m.—4-30 p.m.
		Schools	Tuesday 1-30 p.m.—4-30 p.m. (alt. weeks).
CENTRAL AREA	Leamington Spa	4, Holly Walk	Monday 1-30 p.m.—4-30 p.m.
			Friday 9-30 a.m.—12-30 p.m. 1-30 p.m.—4-30 p.m.
	Lillington	Health Clinic	Wednesday 1-30 p.m.—4-30 p.m.
			Friday 9-30 a.m.—12-30 p.m.
	Kenilworth Warwick	Health Clinic	Friday 9-30 a.m.—12-30 p.m.
		Health Clinic	Tuesday 9 a.m.—12 noon.
	Long Itchington Fenny Compton	St. Micheal's Special School	Friday 9-30 a.m.—12-30 p.m.
		Schools	Monday 9-30 a.m.—12-30 p.m.
		Schools	Friday 1-30 p.m.—4-30 p.m.
SOUTHERN AREA	Stratford-on-Avon	Health Clinic	Monday 9-30 a.m.—12-30 p.m. 1-30 p.m.—4-30 p.m.

TABLE 7. NUMBER OF CHILDREN ATTENDING SPEECH THERAPY CLINICS.

	<i>Sutton Coldfield M.B.</i>	<i>Solihull M.B.</i>	<i>Nun- eaton M.B.</i>	<i>Ather- stone/ B'worth Area.</i>	<i>Eastern Area.</i>	<i>North- Western Area.</i>	<i>Central Area.</i>	<i>Southern Area.</i>	<i>Special Schools.</i>	<i>1963 Totals.</i>	<i>1962 Totals.</i>
No. of sessions ...	201	193	152	217	141	190	323	58	433	1,908	1,924
Number of children attending at 1st January, 1963 ...	50	57	14	24	21	75	97	9	63	410	475
Number of first attendances in 1963 ...	47	49	39	55	44	66	96	25	34	455	678
Number of children recalled during 1963 after having been put under observation in a previous year	42	83	17	37	17	29	61	14	30	330	200
Total number of children treated during 1963 ...	139	189	70	116	82	170	254	48	127	1,195	1,353
Total attendances ...	1,057	1,186	632	1,067	739	1,043	1,709	241	2,452	10,126	11,164
Number discharged in 1963 :—											
(a) Treatment completed ...	51	86	24	12	14	49	41	8	18	303	293
(b) Ceased attending	24	16	4	5	9	5	34	—	9	106	103
Number placed under observation ...	62	46	16	53	45	58	44	13	9	346	588

TABLE 8.

CHILD GUIDANCE.
Number of Children attending Clinics.

<i>Source of referral.</i>	1963		
	<i>New cases.</i>	<i>Old cases.</i>	<i>Total.</i>
Local Authority Clinics	104	186	290
Hospital Clinics	80	260	340
Total	184	446	630

TABLE 9.

SCHOOL DENTAL SERVICE.
STAFF AND CLINICS.
At 31st December, 1963.

	<i>Surgeries in use.</i>		<i>Dental Officers.</i>		<i>Dental Auxiliary</i>	<i>Available Sessions per week.</i>
	<i>Fixed.</i>	<i>Mobile.</i>	<i>Whole-time.</i>	<i>Part-time.</i>	<i>Whole-time.</i>	
Sutton Coldfield M.B. ...	4	—	1	3	—	22
Solihull M.B.	3	1	1	6	—	28
Nuneaton M.B.	1	1	1	2	—	18
Atherstone/Bedworth Area	2	1	1	3	—	27†
Eastern Area	3*	—	1	3	—	22
North-Western Area ...	2	2	2	2	1	39
Central Area	4	—	1	7	—	26‡
Southern Area	1	1	1	1	—	15
TOTAL ...	20	6	9	27	1	197

* Includes two in same building.

† Includes two sessions by Principal School Dental Officer.

‡ „ four „ „ „ „ „ „

TABLE 10.

SCHOOL DENTAL SERVICE.

	TOTAL SESSIONS.		ROUTINE CASES.				<i>Emer- gency cases for which treatment was completed.</i>	<i>Total attend- ances made for treatment.</i>
	<i>Inspec- tion.</i>	<i>Treat- ment.</i>	<i>Inspec- ted.</i>	<i>Found to require treat- ment.</i>	<i>Referred for treatment.</i>	<i>Cases for which treatment completed.</i>		
Sutton Coldfield M.B.	52	1,194	4,101	2,258	1,673	890	988	5,040
Solihull M.B. ...	51	1,183	7,846	3,688	3,286	1,220	966	6,365
Nuneaton M.B.	27	877	3,150	2,211	2,003	720	651	5,713
Atherstone/ Bedworth Area ...	21	472	1,558	1,157	953	491	375	2,691
Eastern Area ...	10	842	1,235	896	832	279	1,497	4,079
North-Western Area	49	916	3,717	2,878	2,118	1,013	191	3,655
Central Area ...	38	1,037	4,020	2,654	2,091	570	892	5,829
Southern Area ...	71	609	5,221	2,873	2,297	952	231	2,617
COUNTY TOTAL 1963 ...	319	7,130	30,848	18,615	15,253	6,135	5,791	35,989
COUNTY TOTAL 1962 ...	244	5,873	20,608	13,413	10,921	4,632	6,786	31,097

TABLE 11.

DENTAL TREATMENT GIVEN.

<i>Type.</i>	<i>Routine cases.</i>		<i>Emergency cases.</i>	
	<i>Number.</i>	<i>No. per 100 cases for which treat- ment was completed.</i>	<i>Number.</i>	<i>No. per 100 cases for which treat- ment was completed.</i>
Permanent teeth.				
Extractions ...	1,833	30	2,284	39
Teeth Filled ...	11,862	193	8,603	149
Other operations ...	5,260	86	4,889	84
Total ...	18,955	309	15,776	272
Temporary Teeth.				
Extractions ...	4,905	80	4,958	86
Teeth Filled ...	3,007	49	2,857	49
Other operations ...	2,062	34	1,500	26
Total ...	9,974	163	9,315	161
Appliances.				
Dentures ...	28	0.5	81	1.4
Orthodontics ...	138	2.2	—	—
General Anaesthetics ...	1,717	28	2,660	46

TABLE 12.

HANDICAPPED PUPILS, 1963.

Year of Ascertainment.		DISPOSAL.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
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		Warwickshire.		Non-Warwickshire.		Parents refuse consent.		On waiting list for particular school.		Under investigation or on general waiting list.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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TABLE 13. **NUMBER OF HANDICAPPED PUPILS IN EACH AREA**
at 31st December, 1963.

	Sutton Coldfield M.B.		Solihull M.B.		Nuneaton M.B.		Atherstone/Bedworth Area.		Eastern Area.		North-Western Area.		Central Area.		Southern Area.		Total 1963.	Total 1962.	Total 1961.
	1963	Total	1963	Total	1963	Total	1963	Total	1963	Total	1963	Total	1963	Total	1963	Total	Total	Total	Total
<i>Number of school children (excluding nursery school & special school children).</i>	11,292	14,056	9,291	11,529	11,853	12,249	17,198	9,856	97,324	95,660	93,837								
CATEGORY.	1963	Total	1963	Total	1963	Total	1963	Total	1963	Total	1963	Total	1963	Total	1963	Total	Total	Total	Total
Blind	—	1	—	4	—	6	—	3	—	2	—	2	—	2	—	1	13	13	13
Partially Sighted	—	2	—	4	—	—	1	10	2	11	2	3	—	20	1	8	64	69	68
Deaf	1	5	—	2	—	2	—	2	—	2	—	4	—	3	1	4	24	28	33
Partially Deaf	—	2	1	8	4	15	3	17	—	8	1	17	1	15	1	5	87	87	72
Educationally Sub-normal	14	57	9	51	24	146	57	206	12	101	28	128	35	194	12	83	966	884	841
Epileptic	2	3	—	1	—	6	2	13	—	1	1	5	1	1	—	1	31	33	38
Maladjusted	1	10	7	13	1	5	2	5	4	10	3	9	4	9	1	7	68	60	52
Physically Handicapped ...	8	37	4	35	8	34	2	49	—	15	9	39	7	63	2	18	290	280	282
Speech	—	—	—	—	—	—	—	—	1	1	—	—	1	2	1	2	5	2	2
Delicate	1	15	3	10	8	41	1	32	—	8	2	15	1	16	2	5	142	143	144
TOTAL	27	132	25	128	45	255	68	337	19	159	46	220	50	325	21	134	1,690	1,599	1,545
Recorded as unsuitable for education under Section 57 of the Education Act	1	31	8	45	5	41	6	39	7	47	7	48	3	67	7	43	361	367	364

TABLE 14.

HANDICAPPED PUPILS

AVERAGE ASCERTAINMENT RATES FOR THE 5-YEARLY PERIODS
1949/1953 1954/1958 & 1959/1963

		New Ascertain- ments. 1949/1953	Rate per 10,000 on Roll	New Ascertain- ments. 1954/1958	Rate per 10,000 on Roll	New Ascertain- ments. 1959/1963	Rate per 10,000 on Roll
Blind ... ..	...	7	0.22 } 1.15	6	0.15 } 0.78	5	0.11 } 1.13
Partially sighted ... ..	...	30	0.93 }	25	0.63 }	48	1.02 }
Deaf ... ..	...	29	0.90 } 1.49	21	0.53 } 1.05	7	0.15 } 1.87
Partially deaf ... ..	...	19	0.59 }	23	0.58 }	81	1.72 }
Educationally sub-normal ... ..	...	657	20.45	679	17.06	799	16.97
Epileptic ... ..	...	17	0.53	27	0.68	34	0.72
Maladjusted ... ..	...	70	2.18	64	1.61	73	1.55
Physically handicapped ... ..	...	249	7.75	181	4.55	233	4.95
Delicate ... ..	...	118	3.67	119	2.99	134	2.85
Total	Total	1,196	37.22	1,145	28.76	1,414	30.03
Total annual rolls over 5 years		321,345		398,073		470,832	

TABLE 15.

WARWICKSHIRE SPECIAL SCHOOLS.

School	Type.	Residential accom- modation.	Age range.	On roll Christmas Term, 1963.			
				Warwickshire children.		Children from other Auth- orities.	
				Day	Res.	Day	Res.
Tudor Grange	Physically handicapped, mixed	40	5—11	11	29	—	10
Exhall Grange	(a) Physically handi- capped, mixed ...	300	(a) Seniors	—	14	—	21
	(b) Partially sighted, mixed		(b) All ages	—	31	—	230
River House	Maladjusted boys ...	45	8—16	—	33	—	11
Nuneaton, Red Deeps	Educationally subnor- mal, mixed, day ...	—	8—16	194	—	—	—
Packwood	Educationally subnor- mal boys	60	10—16	—	60	—	—
Tyntesfield	Educationally subnor- mal girls, res. and day	40	9—16	17	37	—	2
Warwick, St. Michaels.	Educationally subnor- mal, mixed, day ...	—	9—16	119	—	—	—
Grendon, Sparrowdale	Educationally subnor- mal, mixed, day ...	—	8—16	74	—	3	—
	TOTAL	485	—	415	204	3	274

TABLE 16.

ANALYSIS OF PHYSICALLY HANDICAPPED CHILDREN
IN TUDOR GRANGE AND EXHALL GRANGE SPECIAL SCHOOLS

(These figures include Children from other Authorities).

Christmas Term 1963.

(1962 figures in brackets).

	Tudor Grange.			Exhall Grange.		
	M	F	Total.	M	F	Total.
Bronchiectatic conditions and asthma	7 (5)	— (1)	7 (6)	— (—)	— (—)	— (—)
Heart conditions	1 (—)	2 (2)	3 (2)	— (—)	1 (—)	1 (—)
Post poliomyelitis	— (1)	2 (2)	2 (3)	4 (3)	1 (3)	5 (6)
Spastic and similar conditions ...	22 (22)	11 (9)	33 (31)	19 (17)	4 (5)	23 (22)
Tuberculous joints and bone infections	— (—)	— (—)	— (—)	— (—)	1 (1)	1 (1)
Other conditions	3 (7)	2 (2)	5 (9)	5 (6)	— (2)	5 (8)
TOTALS	33 (35)	17 (16)	50 (51)	28 (26)	7 (11)	35 (37)

AGE DISTRIBUTION OF EDUCATIONALLY SUB NORMAL CHILDREN ASCERTAINED IN 1962 & 1963

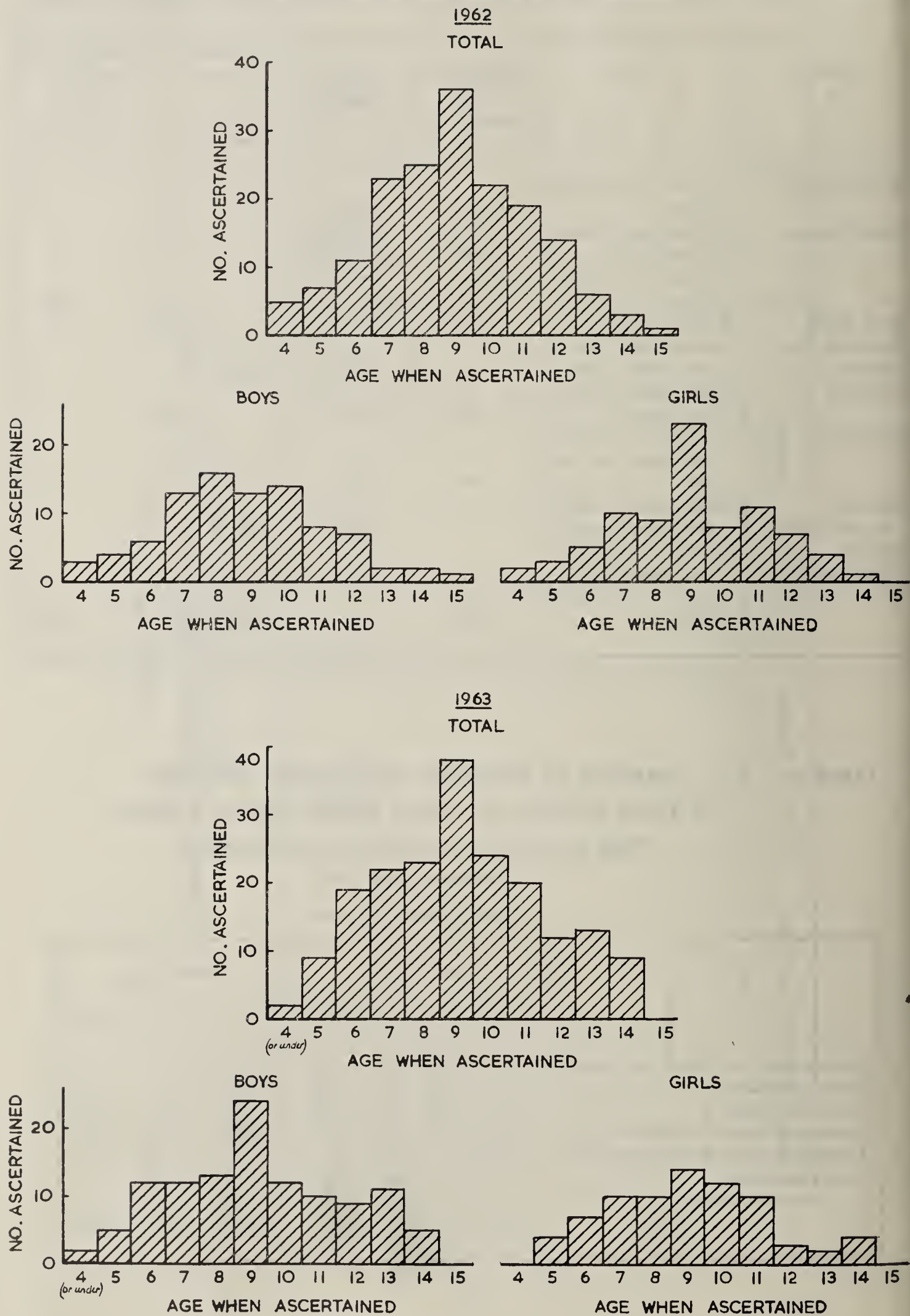


TABLE 17.

LOUSE INFESTATION.

	Number of children on roll	Number of individual examinations made *	Number of individual pupils found infested during 1963			% of children on roll known infested 1963	% of children on roll known infested 1962
			Boys	Girls	Total		
SUTTON COLDFIELD M.B. ...	11,292	2,575	4	15	19	0.17	0.14
SOLIHULL M.B. ...	14,056	21,857	10	23	33	0.23	0.24
NUNEATON M.B. ...	9,371	8,209	27	28	55	0.59	0.87
ATHERSTONE/BEDWORTH AREA ...	11,668	16,814	36	106	142	1.22	1.68
EASTERN AREA ...	11,853	20,845	12	33	45	0.38	0.63
NORTH-WESTERN AREA ...	12,249	10,245	21	36	57	0.47	0.52
CENTRAL AREA ...	17,327	28,923	35	84	119	0.69	0.82
SOUTHERN AREA ...	9,856	23,142	2	28	30	0.30	0.35
TOTAL ...	97,672	132,610	147	353	500	0.51	0.66

* At discretion of Medical Officers, schools found to be clean over a long period are visited very infrequently.

TABLE 18. NUMBER OF ATTENDANCES AT MINOR AILMENTS CLINICS.

Clinic.	When held.	Sessions.	Attendances.		
			First.	Subse- quent.	Total.
SOLIHULL M.B. Halifax Road Clinic, ... Shirley Homer Road Clinic, Solihull	Wednesday, a.m. (3rd in month)	12	95	10	105
	Saturday, a.m. (1st and 3rd in month)	17	111	7	118
	Total	29	206	17	223
NUNEATON M.B. Riversley Park Clinic, Nuneaton Health Clinic, Stockingford	Mondays to Fridays, a.m. ...	197	433	960	1,393
	Mondays, Wednesdays, Fridays, a.m. Tuesdays (alt. weeks)	146	759	1,132	1,891
	Total	343	1,192	2,092	3,284
ATHERSTONE/BEDWORTH AREA. Newlands School, Keresley	Friday, a.m. (alt. weeks) ...	15	39	2	41
EASTERN AREA. First Aid Post, Temple Street, Rugby	Monday, a.m. Thursday a.m. }	99	91	799	890
NORTH-WESTERN AREA. Miners Welfare Hall, Arley Area Health Office, Coleshill Parish Hall, Wilnecote ...	Monday, a.m. (4th in month) ...	11	4	—	4
	Monday, a.m. (2nd in month)	12	60	2	62
	Thursday, a.m.	26	21	9	30
	Total	49	85	11	96
SOUTHERN AREA. Health Clinic, Stratford- on-Avon	Monday, a.m.	48	19	13	32
	GRAND TOTALS	583	1,632	2,934	4,566
	GRAND TOTALS FOR 1962 ...	911	1,660	3,023	4,683

TABLE 19. MINOR AILMENTS CLINICS.

<i>Type of defect.</i>	<i>First attendances.</i>	<i>Subsequent attendances.</i>	<i>Total 1963.</i>	<i>Total 1962.</i>
Skin.				
Ringworm—Scalp	1	—	1	—
Body	1	3	4	6
Scabies	13	14	27	3
Impetigo	20	53	73	131
Other Skin Diseases	556	2,032	2,588	2,424
Total	591	2,102	2,693	2,564
Eye.				
Blepharitis	11	20	31	47
Conjunctivitis	33	70	103	125
Other Minor Eye Conditions ...	105	48	153	167
Total	149	138	287	339
Ear.				
Miscellaneous Minor Ear Conditions	34	17	51	64
Nose and Throat.				
Miscellaneous Minor Nose and Throat Conditions	80	49	129	155
Other Minor Ailments	778	628	1,406	1,561
TOTAL	1,632	2,934	4,566	4,683

TABLE 20. CHILDREN AND YOUNG PERSONS ACT, 1933.

No. OF CHILDREN EXAMINED UNDER EMPLOYMENT OF CHILDREN BYELAWS.

	<i>Number of children examined.</i>	<i>Number granted certificates.</i>	<i>Number refused certificates.</i>
Sutton Coldfield M.B. ...	182	182	—
Solihull M.B.	181	181	—
Nuneaton M.B.	167	167	—
Atherstone/Bedworth Area	169	169	—
Eastern Area	196	196	—
North-Western Area ...	103	103	—
Central Area	216	215	1
Southern Area	205	205	—
Total 1963	1,419	1,418	1
Total 1962	1,431	1,429	2
Total 1961	1,681	1,676	5
Total 1960	1,310	1,308	2
Total 1959	1,261	1,260	1

SCHOOL MEALS SERVICE.

Information provided by the Education Department.

The average number of meals provided daily in the schools in 1963 was 60,173. Comparison with previous years is given below :—

<i>Year.</i>					<i>Average no. of meals provided daily in schools.</i>
1954	...	...	...	...	30,543
1955	...	...	...	...	34,347
1956	...	...	...	...	35,852
1957	...	...	...	...	35,793
1958	...	...	...	...	41,361
1959	...	...	...	...	44,399
1960	...	...	...	...	49,012
1961	...	...	...	...	52,889
1962	...	...	...	...	56,078
1963	...	...	...	...	60,173

The figure for 1963 represents approximately 63.37% of the children in attendance.

An average daily number of 76,511 children received milk in schools ; this represents 80.57% of the children in attendance.

